

## EMPLOYEE MEDICAL COVERAGE PRICING SHEET

### CAPITAL HEALTH PLAN

These rates are for a January 1, 2006 effective date with a one-year guarantee and are contingent upon the County meeting Capital Health Plan's current underwriting guidelines. Other health plans offered to eligible employees must have similar benefits

#### Current Plan F: Drugs \$7/\$20/\$35

Coverage	Rate
Employee Only	\$392.50
Employee +1	\$812.50
Employee + family	\$1040.20

Coverage	Rate
Medicare Retiree Only	\$261.00*
Medicare Retiree +1 Either Primary	\$653.50*
Medicare Retiree + 1 Both Primary	\$522.00*
Medicare Retiree + Family Either Primary	\$908.70*
Medicare Retiree + Family Both Primary	\$908.70*

\*Capital Health Plan has submitted a bid to the Federal Government for employer group Medicare Advantage. If the County wishes to offer this product to eligible County retirees rates will be available by October 1, 2005.

#### Multi year fee Guarantee

Calendar 2006                      Yes  
Calendar 2007                      No  
Calendar 2008                      No

If you submitted a previous proposal for employee Medical Coverage for Proposal Number BC-06-07-52:

- Is your proposal/quote for a HMO/PPO/POS or a combination thereof as a sole provider option still valid?  
☒ X YES                      ☐ NO
- Is your proposal/quote for the HMO/PPO/POS or a combination thereof, where your company is one of 2 providers still valid?  
☒ X YES                      ☐ NO

**Bid Title: Employee Medical Coverage****Pricing Sheet****Bid No.: BC-09-09-05-79****Opening Date: Friday, September 9, 2005**VISTAAttachment# 7Page 2 of 3**Financial - HMO**

Provide a fully insured quote for the HMO plan by completing the following section, indicating the rates on a monthly basis for each of the following rate categories and employee classes:

Please show "factors" used in determining the formula for each tier. If any one tier is "weighted" please provide explanations.

Coverage	Rate
Employee Only	\$ 392.56
Employee +1	\$ 812.52
Employee + family	\$1,040.14

Coverage	Rate
Retiree Only	\$261.00
Retiree +1 Either Primary	\$653.50
Retiree + 1 Both Primary	\$522.00
Retiree + Family Either Primary	\$908.70
Retiree + Family Both Primary	

**Multi-year Fee Guarantee**

Calendar 2006	Yes ( )	No (X)
Calendar 2007	Yes ( )	No (X)
Calendar 2008	Yes ( )	No (X)

If yes, please provide the formula for each year

Calendar 2006	_____
Calendar 2007	_____
Calendar 2008	_____

If you submitted a previous proposal for Employee Medical Coverage for Proposal Number BC-06-07-05-52:

1. Is your proposal/quote for a HMO/PPO/POS or a combination thereof as a sole provider option still valid?

X Yes      No \_\_\_\_\_

2. Is your proposal/quote for a HMO/PPO/POS or a combination thereof, where your company is one of 2 providers still valid?

X Yes      No \_\_\_\_\_

Note: The above rates are valid if VISTA's HMO is offered as one of three medical plan providers, one of two medical plan provider or the sole medical plan provider.

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Bid Title: Employee Medical Coverage

Bid No: BC-09-09-05-79

Opening Date: Friday, September 9, 2006 at 2:00 PM

Attachment #

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EMPLOYEE MEDICAL COVERAGE PRICING SHEET

Coverage	Rate
Employee Only	\$392.55
Employee +1	\$812.58
Employee + family	\$1040.26

Coverage	Rate
Retiree Only	\$392.55
Retiree +1 Either Primary	\$812.58
Retiree + 1 Both Primary	\$812.58
Retiree + Family Either Primary	\$1040.26
Retiree + Family Both Primary	

**Multi-year Fee Guarantee**

Calendar 2006    Yes ( )            No ( X )  
Calendar 2007    Yes ( )            No ( X )  
Calendar 2008    Yes ( )            No ( X )

If yes, please provide the formula for each year

Calendar 2006    Not Applicable  
Calendar 2007    Not Applicable  
Calendar 2008    Not Applicable

If you submitted a previous proposal for Employee Medical Coverage for Proposal Number BC-06-07-05-52:

1. Is your proposal/quote for a HMO/PPO/POS or a combination thereof as a sole provider option still valid?  
  
    \_\_\_X\_\_\_ Yes    \_\_\_ No
2. Is your proposal/quote for the HMO/PPO/POS or a combination thereof, where your company is one of 2 providers still valid?  
  
    \_\_\_X\_\_\_ Yes    \_\_\_ No